

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**General Information**

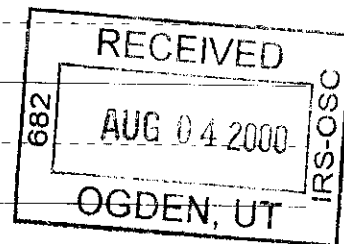
1 Name of organization <b>Mary Nolan for State Representative</b>		Employer identification number <b>931 1287037</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>P.O. Box 1686</b>		
City or town, state, and ZIP code <b>Portland OR 97207-1686</b>		
3 E-mail address of organization <b>-none-</b>		
4a Name of custodian of records <b>Mary Nolan</b>	4b Custodian's address <b>P.O. Box 1686</b> <b>Portland OR 97207-1686</b>	
5a Name of contact person <b>Mary Nolan</b>	5b Contact person's address <b>P.O. Box 1686</b> <b>Portland OR 97207-1686</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

**Purpose**

7 Describe the purpose of the organization  
**campaigns committee for legislative candidate**

**List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
<b>-none-</b>		



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